

San Joaquin County Educational Reimbursement Application

Applicant Information *(must be filled out completely)*

Name:		Job Title:	
Street:		Employee ID #	
City, Zip:		Department:	
Email Address:		Work/Day Phone #	
<i>Enter work or home email address for confirmation letter.</i>		Memorandum of Understanding (MOU)	

School:		Begin Date:	
Education Goals (Circle One) : Books only, Course, Certificate, License, A.A., Bachelors, Masters, PhD		End Date:	

List Course(s):

Course Fee:	Tuition / Registration:	\$	Books:	\$	Total Requested:	\$
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Describe the scope and content of the course(s) and briefly state the relationship between the content of this course and the occupational areas in which you believe this course will be of value to you and the department.

I have read and understand the directions. I also understand that reimbursement is subject to meeting specific terms.

Name (please print): _____ Signature _____ Date: _____

Applicant: Do not write below this line.

Department Appointing Authority

I believe the above course(s) will will not be beneficial to the employees job performance or promotional qualification. Participation in this course will not reduce the normal work or quality of the service to San Joaquin County and will not be during work hours.

Signature of Appointing Authority or Designee: _____ Date: _____

To: County Auditor Controller

I certify that the applicant has satisfactorily completed the above course(s). You are authorized to reimburse the employee in the amount of \$_____.

Signature of Director of Human Resources or Designee: _____ Date: _____

Human Resources Division

Vendor #: _____ Voucher#: _____ Eligibility Letter Mailed: _____